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MEDICAID MEMO

TO: Providers of Community Mental Health Rehabilitative Services and Managed Care Organizations

FROM: Cynthia B. Jones, Acting Director
Department of Medical Assistance Services

MEMO: Special

DATE: 6/9/2010

SUBJECT: Changes to Community Mental Health Rehabilitative Services —
July 1, 2010 & September 1, 2010

Effective July 1, 2010 and also, September 1, 2010, the Department of Medical Assistance Services (DMAS) will implement new requirements for Community Mental Health Rehabilitative Services (also referred to as state plan option services). The changes include new requirements for service delivery and adherence to DMAS marketing rules. These changes are made to ensure quality services for individuals who receive Medicaid or FAMIS reimbursed services. DMAS worked in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) and public and private stakeholders to develop these important changes. The specific changes are described below. Providers are expected to comply with the changes within the specified time frames or they will not be eligible for Medicaid reimbursement.

This Medicaid Memo also announces other requirements that will be effective on September 1, 2010. Providers will have six (6) months to comply with the September 2010 provider qualification changes. If staff are not in compliance with the new qualifications by March 1, 2011, the services provided by them will not be eligible for Medicaid reimbursement.

Changes Effective July 1, 2010

DMAS will adopt new caseload size and supervision requirements for the following services:

1. Intensive In-Home (H2012) – Caseload

- a. The caseload cannot exceed five clients per Qualified Mental Health Professional (QMHP). If a family is transitioning out of Intensive In-Home Services, the caseload may be 1:6 for up to 30 calendar days.

Supervision

- b. A Licensed Mental Health Professional (LMHP) must provide clinical supervision at regular intervals. The full-time LMHP can supervise up to 10 staff; half-time supervisors can supervise up to five (5) supervisees. If a supervisor works less than half time, the supervision limit is two (2) counselors.
- c. LMHP clinical supervision with staff must be provided weekly, with individual face to face supervision occurring at least every other week. Group supervision may occur on the other weeks.
- d. The clinical supervisor (LMHP) must be available for phone consultation when services are being provided.

- e. Supervision must be documented by the LMHP providing the supervision activity. A supervision log or note must be placed in the client's file documenting that supervision was provided. A more detailed note written by the supervisor summarizing the meeting and noting any recommendations must be maintained in a separate supervisor's file.
- f. A QMHP can only provide administrative supervision. LMHPs must provide clinical supervision.

DMAS will also initiate the following changes for Intensive In-Home services:

Assessments

- g. The assessment (H0031) must include the elements specified by DMAS. Please see Attachment A, which outlines the required elements.
- h. The assessment for Intensive In-Home services must be conducted in the child's home unless there is a documented safety or privacy issue.

New Prior Authorization Requirements for IHH

- i. Due to claims processing problems, Intensive In-Home Services (H2012) will require prior authorization before any services (beyond the assessment) are reimbursed. The allowance for units of service without prior authorization will be discontinued. As of this date, of July 1, 2010, providers must request prior authorization before providing treatment services. The assessment will continue to be allowed and reimbursed without prior authorization.

2. Day Treatment for Children and Adolescents (H0035HA)

- a. The caseload cannot exceed 6 day treatment clients for the QMHP providing services to the child.
- b. The assessment (H0032, U7) must include the elements specified by DMAS. Please see Attachment A, which outlines the required elements.

3. Community-Based Residential Services for Children and Adolescents Under 21- Level A (H2022 HW (CSA); H2022 HK (Non-CSA)) and Therapeutic Behavioral Services - Level B (H2020 HW (CSA); H2020 HK (Non-CSA)) – Assessments for non-Comprehensive Services Act (CSA) children must include all the elements specified by DMAS. Please see attached document that outlines the required elements. The Virginia Child and Adolescent Needs and Strengths Assessment (CANs) will continue to be used for CSA children.

4. Mental Health Support Services – The recommended age to receive the service will increase from 16 to 18 years of age as this service is focused on assisting clients to live independently.

Marketing

- 5. Providers of all community mental health and substance abuse services are required to adhere to DMAS marketing requirements. Please see Attachment C for details on this requirement.

Case Management Coordination

- 6. For all community mental health rehabilitative services that allow concurrent provision of case management, the service provider must collaborate with the case manager and provide notification of the provision of services. In addition, the provider must send monthly updates to the case

manager on the client's progress. A discharge summary must be sent to the case manager within 30 days of the service discontinuation date. Case management can be provided through Intensive In-Home services, Treatment Foster Care Case Management, mental health or intellectual disability/mental retardation case management from a Community Services Board, or case management for clients with developmental disabilities who are eligible for or receiving services through the Individual and Family Developmental Disabilities Support Waiver. Only one type of case management can be provided at a time.

7. These changes will be reflected in the Community Mental Health Rehabilitative Services Manual in July 2010.

Changes Effective Sept. 1, 2010

The following changes are effective September 1, 2010. Advance notice is provided to allow providers time to comply with the new requirements.

Clarification of Qualification for QMHP & LMHP and Paraprofessional Variances Intensive In-Home, Day Treatment for Children and Adolescents, Community-Based Residential Services for Children and Adolescents Under 21 (Level A) and Therapeutic Behavioral Services (Level B):

1. A LMHP must make the diagnosis.
2. A LMHP or a license-eligible mental health professional must perform the assessment. If a license-eligible professional performs the assessment, the assessment must be reviewed with the LMHP within 24 hours of conducting the assessment to collaboratively determine the client's diagnosis.
3. ***Day Treatment for Children and Adolescents (H0035HA)*** - The description of allowed activities is revised. Time not actively involved in providing services directed by the Individualized Service Plan (ISP) is not allowed. This means indirect services (time not spent working with the child or on behalf of the child) are not allowed to be billed. Allowed services include consultation with teachers and others involved in the child/adolescent's treatment and observation in the classroom. Please see Attachment B for full guidance on this subject.

The effective date for the following staff qualification changes will be Sept. 1, 2010, but providers are given until March 1, 2011 (6 months) for all existing and new staff to comply with the regulatory change. Any staff person hired or rehired on or after September 1, 2010, must meet the following requirements in order to provide Intensive In-Home, Day Treatment for Children and Adolescents, Community-Based Residential Services for Children and Adolescents Under 21 (Level A) and Therapeutic Behavioral Services (Level B):

1. To qualify as a QMHP to provide Intensive In-Home, Day Treatment for Children and Adolescents, Community-Based Residential Services for Children and Adolescents Under 21 (Level A) and Therapeutic Behavioral Services (Level B), the individual must have the designated clinical experience and must:
 - a. be a physician; or
 - b. have master's degree in psychology from an accredited college or university with at least one year of clinical experience; or

- c. have a social work bachelor's or master's degree from an accredited college or university with at least one year of clinical experience with children or adolescents; or
- d. be a registered nurse with at least one year of clinical experience with children and adolescents; or
- e. have at least a bachelor's degree in a human services field or in special education from an accredited college and with at least one year of clinical experience with children and adolescents.

Clinical experience means providing direct clinical services to children and adolescents with mental illness. It includes supervised internships, practicums, and field experience. A human services field is defined as social work, psychology, sociology, or counseling. A variance process will be developed jointly with the Department of Behavioral Health and Developmental Services (DBHDS) to approve qualified persons with a bachelor's degree in an unrelated field. Considerations will include history of coursework in the human services fields, experience with children with mental health or substance abuse issues, and the ability of the employing organization to provide supervision.

- 2. For children's services, persons with the following qualifications will be allowed to continue to provide services as a QMHP as long as the person stays in the same job with the same employer as of September 1, 2010 and has the required experience as defined above and:
 - a. A bachelor's degree from an accredited college in an unrelated field with an associate's degree in a human services field and three years clinical experience; or
 - b. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and three years clinical experience.
- 3. In order to allow providers to develop QMHP staff, a new QMHP category will be created, effective September 1, 2010. Staff must have the following credentials:
 - a) At least a bachelor's degree in a human services field or in special education from an accredited college without one year of clinical experience; or
 - b) A bachelor's degree from an accredited college in an unrelated field and is enrolled in a Master's or Doctoral clinical program and is actively taking at least 3 credits per semester.

Only one QMHP eligible staff will be allowed for each full time licensed staff. The number of QMHP eligible staff will not exceed five (5) % of total clinical child staff in agency based on the agency's NPI number. The QMHP eligible staff must have at least one hour of LMHP supervision per week which must be documented in employee file. The QMHP eligible staff must also participate in monthly training which must also be documented in the staff file. The monthly training can not be duplicative of supervision time. Evidence of compliance with the QMHP eligible criteria must be in the staff file.

The employing agency must have a triennial license from the DBHDS and have a DMAS and DBHDS approved supervision training program. The procedures for applying for approval of the supervision training program will be published on the DMAS website by July 1, 2010.

Staff Variance

3. Until March 1, 2011, a provider may request a variance for staff who have a bachelor's degree in an unrelated field without sufficient human services credits or who do not have a bachelor's degree but who have at least four year's experience in providing children's behavioral health services. A provider (determined by each National Provider Indicator – NPI number) may not have more than 50% of their staff or no more than 5 staff, whichever is less, qualify as a QMHP by this method. Variances will be evaluated by DMAS and DBHDS staff based on the type and years of experience, continuing education, and the ability of the provider to provide clinical and administrative supervision. Procedures for requesting a variance will be posted to the DMAS website by July 1, 2010. Requests for variances may be submitted to cmhrs@dmass.virginia.gov beginning July 15, 2010. If a variance request is approved by DMAS and DBHDS, this documentation must be maintained in the personnel file of the staff person who received the variance.
4. Paraprofessionals may not provide services for Day Treatment for Children and Adolescents.

Mental Health Support Services, Day Treatment/Partial Hospitalization, Psychosocial Rehabilitation, and Intensive Community Treatment, Crisis Stabilization, and Crisis Intervention

The effective date for the following qualifications is Sept. 1, 2010, but providers will have until March 1, 2011 (6 months) to ensure staff employed prior to September 1, 2010 comply with new qualification requirements.

1. Any staff person hired as a QMHP on or after September 1, 2010, may not qualify as a QMHP with only four (4) years experience. The new staff person must qualify under one of the other defined QMHP categories. Please refer to Chapter II of the Community Mental Health Rehabilitative Services Manual for the full list of QMHP qualifications.
2. In order to allow providers to develop QMHP staff, a new QMHP category will be created, effective September 1, 2010. Staff must have the following credentials:
 - a. At least a Bachelor's in a clinical field without one year of clinical experience
 - b. A Bachelor's in a non-clinical field and is enrolled in a Master's or Doctoral clinical program and is actively taking at least 3 credits per semester.

Only one QMHP eligible staff will be allowed for each full time licensed staff. The number of QMHP eligible staff will not exceed 5% of total clinical child staff in agency based on the agency's NPI number. The QMHP eligible staff must have at least one hour of LMHP supervision per week which must be documented in employee file. The QMHP eligible staff must also participate in monthly training which must also be documented in the staff file. The monthly training can not be duplication of supervision time. Evidence of compliance with the QMHP eligible criteria must be in the staff file.

The employing agency must have a triennial license from the DBHDS and have a DMAS and DBHDS approved supervision training program. The procedures for applying for approval of the supervision training program will be published on the DMAS website July 1, 2010.

Variance Requests

3. Until March 1, 2011, a provider may request a variance for staff that do not have a bachelor's degree but who have at least four year's experience in providing behavioral health services. A provider (determined by each National Provider Indicator – NPI number) may not have more than 50% of their staff or no more than 5 staff, whichever is less, qualify as a QMHP by this method. Variances will be evaluated by DMAS and DBHDS staff based on the type and years of experience, continuing education, and the ability of the provider to provide clinical and administrative supervision. Procedures for requesting a variance will be posted to the DMAS website by July 1, 2010. Requests for variances may be submitted to cmhrs@dmass.virginia.gov beginning July 15, 2010. If a variance request is approved by DMAS and DBHDS, this documentation must be maintained in the personnel file of the staff person who received the variance.

Mental Health Support Services:

1. The initial assessment (H0032, U8) and the six month re-authorization must be done face-to-face by the LMHP. The six month re-assessment for the service provision (H0046) must be done face-to-face by the LMHP. The QMHP must meet face to face with the LMHP supervisor to review the ISP at least quarterly.
2. This review must be documented in the client record.

These changes will be reflected in the Community Mental Health Rehabilitative Services Manual in September 2010.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Attached Number of Pages: (5)

Assessment Items for DMAS Reimbursed Intensive In-Home, Day Treatment for Children and Adolescents, and Levels A & B Community Residential Services Attachment A

1. **Presenting Issue(s)/Reason for Referral:** Chief Complaint. Indicate duration, frequency and severity of behavioral symptoms. Identify precipitating events/stressors, relevant history.) If child is at risk of out of home placement, state specific reason
2. **Mental Health History/Hospitalizations:** Give details of mental health history and any mental health related hospitalizations and diagnoses, including List the types of interventions that have been provided to the child/family. Include the date of the interventions and the name of the provider. List family members and the dates and the types of treatment that family members either are currently receiving or have received in the past.
3. **Medical Profile:** Significant past and present medical problems/illnesses/injuries/known allergies; current physical complaints/medications. Individualized Fall Risk Assessment: Does client have any physical conditions or other impairments that put her/him at risk for falling For children 10 years or younger, the risk should be greater than that of other children the same age.
4. **Developmental History:** Describe client as an infant & toddler: child's typical affect and level of irritability; medical/physical complications/illnesses; interest in being held, fed, played with and parents ability to provide these; parents feelings/thoughts about child as an infant and toddler. Was the client significantly delayed in reaching any developmental milestones, if so, describe. Were there any significant complications at birth?
5. **Educational/Vocational Status:** School, grade, special ed./IEP status, grades, behaviors, suspensions/expulsions, any changes in academic functioning related to stressors, peer relationships
6. **Current Living Situation and Family History and Relationships:** Daily routine & structure, housing arrangements, financial resources and benefits. Significant family history including family conflicts, relationships and interactions affecting client and family's functioning list all family members.
7. **Legal Status:** Indicate client's criminal justice status. Pending charges, court hearing date, probation status, Past convictions, current probation violations, past incarcerations
8. **Drug and Alcohol Profile:** Substance use / abuse of client / family members. Type of Substance, Frequency/Duration
9. **Resources and Strengths:** Verbalize child/family strengths. Extracurricular activities, church, extended family
10. **Mental Status Profile:**
11. **Diagnosis:** Diagnosis- Includes DSM-IV Code & Description:
12. **Professional Assessment Summary/ Clinical Formulation:** Documentation of the need for services.
13. **Recommended Treatment Goals:**

Day Treatment Description

Attachment B

Allowed Activities:

- Completing diagnostic evaluations, assessing treatment needs;
- Planning and implementing individualized pro-social skills curriculums and interventions;
- Monitoring progress in demonstrating the acquisition of pro-social skills (anger management, problem-solving skills, identification and appropriate verbalization of feelings, conflict resolution, etc.);
- Implementing cognitive-behavioral programming;
- Planning and implementing individualized behavior modification programs and monitoring progress through collaboration with school personnel, family, and others involved in the child/adolescent's treatment;
- Responding to and providing on-site crisis response during the school day and behavior management interventions throughout the school day;
- Providing individual, group, and family counseling based on specific treatment objectives; and
- Collaborating with all other community practitioners providing services to the child/adolescent, including scheduling appointments and meetings.

Activities that are not Allowed:

- Inactive time or time spent waiting to respond to a behavioral situation;
- Transportation; and
- Time spent in documentation of client and family contacts, collateral contacts, and clinical interventions.

**MARKETING AND PROMOTIONAL MATERIAL/ACTIVITY
REQUIREMENTS
FOR CMHRS SERVICES**

Attachment C

“Marketing Materials and Services” activities as defined shall apply to Medicaid/FAMIS/FAMIS Plus beneficiaries who may or may not be currently enrolled with the Provider. Beneficiaries include children under the age of 21 and their families using CMHRS services. All Providers may utilize subcontractors for marketing purposes; however, Providers will be held responsible by the Department of Medicaid Assistance Services (“Department”) for the marketing activities and actions of subcontractors who market on their behalf.

Marketing and promotional activities (including provider promotional activities) must comply with all relevant Federal and State laws, when applicable. Providers that market services to beneficiaries or to those interested in enrolling must provide clear, written descriptions of the Medicaid mental health service, eligibility requirements for the service, service limitations, fees and other charges, and other information necessary for beneficiaries and their families to make an informed decision about enrollment into the service.

Providers must distribute marketing materials only to the potentially eligible beneficiaries based on the service locations approved within the license issued by the Licensing Division of the Department of Behavioral Health and Developmental Services.

1. Prohibited Marketing and Outreach Activities

The following are prohibited marketing and outreach activities for CMHRS services:

- a. Engaging in any informational or marketing activities which could mislead, confuse, or defraud beneficiaries or misrepresent the service or the Department.
- b. Directly or indirectly, conducting door-to-door, telephonic, or other “cold call” marketing directed at residences, provider sites, day care, church or school sites.
- c. Making home visits for direct marketing or enrollment activities except when requested by the beneficiary.
- d. Offering financial incentives, rewards, gifts, or other opportunities to potentially eligible beneficiaries as an inducement to enroll in the Provider’s service.

- e. Continuous, periodic marketing activities to the same prospective beneficiary, e.g., monthly or quarterly give-aways, as an inducement to enroll.
- f. Using Medicaid protected health information (PHI) provided by another entity (including, but not limited to, a school system) to identify and market its plan to prospective beneficiaries, or any other violation of confidentiality involving sharing or selling beneficiary lists or lists of eligibles with any other person or organization for any purpose other than the performance of the Provider's obligations under its provider agreement.
- g. Contacting beneficiaries who choose to disenroll from the Provider after the effective disenrollment date except as required by the Department.
- h. Engaging in marketing activities which target prospective enrollees on the basis of their mental health diagnosis/status or future need for the service.
- i. Engaging in marketing activities which offer potential beneficiaries a rebate or a discount in conjunction with the enrollment of the mental health or substance abuse State Plan service, as a means of influencing choice of the service or as an inducement for giving the Provider the names of prospective beneficiaries.
- j. No service assessment or enrollment activities may be conducted at any marketing, community, or other event.
- k. No assertion or statement (whether written or oral) that the Provider is endorsed by the Centers for Medicare and Medicaid Services (CMS); Department of Medical Assistance Services; Federal or State government; or similar entity.
- l. Offering rebates or other cash inducements of any sort to beneficiaries or individuals or organizations that refer beneficiaries to the Provider.
- m. No assertion or statement that the beneficiary must enroll with the Provider in order to keep from losing Medicaid/FAMIS Plus benefits.
- n. The collection of Medicaid/FAMIS Plus ID numbers, addresses, or names to be used for marketing purposes.
- o. Offers of free, non-cash promotional items and "give-aways" that exceed a total combined nominal value of \$25.00 to any prospective beneficiary or family for marketing purposes. Items that do not promote health (such as, but not limited to cigarettes) should not be used.

To ensure compliance with these requirements, the Provider shall:

- a. Submit to the Department a complete marketing plan annually if marketing is conducted. This applies to marketing plans in place prior to July 1, 2010. Any changes to the marketing plan must be submitted to the Department for approval prior to use. The Department will review individual marketing materials and services as they are submitted (prior to their planned use), and approve, deny, or ask for modifications within thirty calendar (30) days of the date of receipt by the Department.
- b. Submit all new and/or revised marketing and informational materials to the Department before their planned distribution. This includes materials in use prior to July 1, 2010. The Department will approve, deny, or ask for modifications to the materials within thirty calendar (30) days of the date of receipt by the Department.
- c. Submit a description of incentive award packages to DMAS for approval prior to implementation. (Incentive award packages are not reimbursable by DMAS.) This includes incentive award packages in use prior to July 1, 2010. The Provider is allowed to offer non-cash incentives to their enrolled members for the purposes of retaining the beneficiary within the service, and/or rewarding for compliance with stated goals and objectives within the beneficiary's Individual Service Plan. This incentive shall not be extended to any individual not yet enrolled with the Provider. Non-cash incentives may include gift cards.

Providers will be subject to a fine or termination of the Provider's participation agreement if it conducts any marketing activity that is not approved in writing by the Department. The first violation will result in a \$1,000 fine, with the second violation resulting in a \$2,000 fine. The third violation will result in the termination of the provider's participation agreement with DMAS.

Existing marketing plans, marketing and informational materials, and/or incentive award packages must be submitted to DMAS for review by July 30, 2010.

Providers may submit the marketing plan, marketing and informational materials, and/or incentive award packages for DMAS review via fax, e-mail or by mail.

Fax: (804) 612-0045

E-mail: cmhrsmarketing@dmass.virginia.gov

Physical address:

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